



State of Connecticut  
Department of Banking  
CONSUMER CREDIT DIVISION  
260 CONSTITUTION PLAZA • HARTFORD, CT 06103-1800



APPLICATION FOR A SMALL LOAN COMPANY LICENSE

Application is hereby made for a license under Chapter 668, Part III of the Connecticut General Statutes:

1.

Name of Applicant

(Complete name under which business is conducted)

1a. Telephone No.:

1b. Fax No:

1c. E-Mail Address:

2.

Location of office to be licensed under this application:

Number and Street	City	State	Zip Code
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Mailing address if different from location of office to be licensed:

Number and Street	City	State	Zip Code
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2a. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary:

Name

Number and Street	City	State	Zip Code
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3.

Is the Applicant presently engaged in the small loan business?

Yes

No

If yes,

(a) Date business commenced:

(b) States in which Applicant operates:

4.

Form of organization:

(Sole Proprietorship, Partnership, Corporation, Limited Liability Company (“LLC”), etc.)

If incorporated, state and date of incorporation. If an LLC, the state and date of formation of the LLC:

State	Date
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a. Federal Employer Identification Number:

b. If a Sole Proprietorship, Federal Social Security Account Number:

5.

Name and residence of the owner or partners or in the case of a corporation, association or trust, list the directors, trustees, principal officers, and authorized agent. In the case of an LLC, list each member:

Name	Title	Residence	Date of Birth	Other Occupation
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6.

Are you engaged, or do you intend to engage in the small loan business in conjunction with any other business?

Yes

No

If yes, please complete application for permission to conduct another business on the same premises as a small loan business.

7.

Name and residence of person in charge of the office listed under item 2:

Name	Number and Street	City	State	Date of Birth	Office Location
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EMPLOYMENT HISTORY FOR THE PAST 10 YEARS:

From	To	Name of Employer	Address	Position
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7a. Name, address and position of each other employee, sales agent, loan originator or similar person at the office to be licensed, whether an independent contractor or not (exclude persons with solely clerical functions):

Name	Number and Street	City	State	Position
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8. Has the Applicant or any employee, officer, director, partner, member, sales agent, loan originator or similar person, whether an independent contractor or not:
- (a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?

Yes ☐ No ☐

(b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency, state or federal?

Yes ☐ No ☐

(c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or withdrawn such an application?

Yes ☐ No ☐

(d) ever been a defendant in any litigation (including suits under the State or Federal Truth in Lending Act) filed in connection with the consumer credit business?

Yes ☐ No ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.

9. If the Applicant is a corporation, name and address of any stockholder owning 10% or more of the outstanding stock in the corporation. If the Applicant is a partnership or an LLC, list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residence address and date(s) of birth of each principal officer and director.

Name	Number and Street	City	State	Percent of Ownership
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10. Is the Applicant a subsidiary, direct or indirect, of a banking corporation, a savings bank or a savings and loan association, or a subsidiary of a holding company of such institutions: Yes ☐ No ☐ If yes, provide details using additional sheets as necessary.

**SIGNATURE OF APPLICANT**

By: \_\_\_\_\_

SignaturePrint Name & Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

\_\_\_\_\_  
(Notary Public) or (Commissioner of Superior Court)

\_\_\_\_\_  
(Commission Expiration Date)

NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.